



Church of England School  
Head of School: Mrs N J Adamson MA NPQH

6<sup>th</sup> September 2018

Dear Parent/Carer,

### Chaplaincy Adventure Weekend – Amersham – Year 7 and 8

The Bishop Ramsey Chaplaincy are pleased to offer your son/daughter the opportunity to attend an Adventure Residential from Friday 16<sup>th</sup> to Sunday 18<sup>th</sup> November at Woodrow High House, Amersham.

Woodrow High House is a 17<sup>th</sup> century Manor house situated in 24 acres of land on the edge of the Chilterns. The weekend will include Jacobs ladder, swimming, low ropes and a bonfire, alongside some more reflective sessions. The trip/visit is completely voluntary. However we believe that this will be a valuable addition to your son/daughter's school experience.

### Cost

The total cost of the trip/visit is £120. In order to finalise arrangements please make an initial non-refundable deposit of **£55 by Friday 14<sup>th</sup> September**. An additional payment of £65 will be required by 13<sup>th</sup> October. Unfortunately we are unable to accept payments after this date.

It is anticipated that there will be a high level of interest in this trip but places are limited, and will therefore be allocated on a strict first –come, first -served basis on receipt of the completed **reply slip**.

Payment should be made via ParentPay by selecting '**Chaplaincy Adventure Residential – 2018/2019**'. Should you have any concerns with respect to payment, please contact Mrs Hagon on 01895 671002, alternatively email [parentpay@bishopramseyschool.org](mailto:parentpay@bishopramseyschool.org)

Should maximum numbers be received, Parent Pay will close for this item.

### Travel/Accommodation

We will travel to the venue by coach, from school, at 2.15pm on Friday 16<sup>th</sup> November. Students would need to be collected by their parents/carers from Woodrow High House, Amersham at approximately 3.00pm on Sunday 18<sup>th</sup> November.

Students will come to school on Friday 16<sup>th</sup> in non-uniform, in order to start the activities as soon as we arrive.

Students will be sleeping in dorm rooms with others in their Year group. Boys and girls will have separate rooms and, where possible, they will be grouped with their friends.

### Behaviour

All students who travel as part of a group, represent Bishop Ramsey School. Therefore the highest standards of behaviour and conduct are expected as a matter of course.



Address: Hume Way, Ruislip, Middlesex. HA4 8EE ∞ Telephone: 01895 639227 ∞ Facsimile: 01895 622429

Email: [office@bishopramseyschool.org](mailto:office@bishopramseyschool.org) ∞ Website: [www.bishopramseyschool.org](http://www.bishopramseyschool.org)

Students should bring with them any required medication; asthma inhalers, epipens, etc. Mobile phones and any other items of value can be brought but students do so at their own risk.

Please complete and return the attached reply slip to the office by **Friday 14<sup>th</sup> September**. If you have any questions, do not hesitate to contact me by email, [dbishop@bishopramsey.school](mailto:dbishop@bishopramsey.school).

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Dan Bishop', written in a cursive style.

**Mr Dan Bishop**  
**Lay Chaplain**

**Chaplaincy Adventure Residential, Amersham – 16<sup>th</sup> to 18<sup>th</sup> November 2018**

**PLEASE RETURN TO THE SCHOOL OFFICE BY FRIDAY 14<sup>th</sup> SEPTEMBER**

Students Name: \_\_\_\_\_ Form: \_\_\_\_\_

I give permission for my son/daughter to attend the above trip.

The required deposit has been made via ParentPay receipt no. \_\_\_\_\_

I have checked my son/daughter's medical details on Parent Portal and confirm that the details are correct and up-to-date. I agree to inform you of any changes between now and the trip.

In addition to the above please indicate below any medical conditions which may affect your son/daughter taking part in activities. No responsibility can be taken for conditions about which we have not been notified.

\_\_\_\_\_  
\_\_\_\_\_

I consent to my son/daughter being given a mild painkiller (eg. paracetamol) if considered necessary by the Party Leader.

I give my permission for my son/daughter to receive medical treatment in an emergency situation if as parent/carer I cannot be contacted.

I confirm that my son/daughter is able to swim.

I understand that if my son/daughter's behaviour in school is not acceptable then he/she may be withdrawn from the trip and any monies paid to that date will not be refunded.

I confirm that I will collect my son/daughter from the venue on the expected day/time.

Signed: \_\_\_\_\_ Name: \_\_\_\_\_  
(parent/carer)

Date: \_\_\_\_\_